| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL034015 | A. BUILDING: _____ B. WING _____ | R 05/04/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PARKVIEW FAMILY CARE HOME | 2778 REYNOLDS PARK ROAD WINSTON-SALEM, NC 27107 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 000 | Initial Comments<br><br>The Adult Care Licensure Section conducted an annual and follow-up survey on 05/04/21. | C 000 | | |
| C 202 | 10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination<br><br>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination<br>(a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.<br><br>This Rule is not met as evidenced by:<br>Based on interviews and record reviews, the facility failed to ensure 1 of 3 sampled residents (#1) had completed tuberculosis (TB) testing upon admission in compliance with the control measures for the Commission for Health Services.<br><br>The findings are:<br><br>Review of Resident #1's current FL2 dated 01/19/21 revealed diagnoses included cerebrovascular accident, impaired memory, diabetes mellitus with chronic kidney disease, coronary artery disease, hyperlipidemia and retinopathy (disease of the retina of the eye).<br><br>Review of the Resident Register for Resident #1 | C 202 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL034015 | A. BUILDING: _____ B. WING _____ | R 05/04/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PARKVIEW FAMILY CARE HOME | 2778 REYNOLDS PARK ROAD WINSTON-SALEM, NC 27107 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 202 | Continued From page 1<br>revealed an admission date of 10/16/19.<br><br>Review of Resident #1's immunization records revealed there was documentation of a negative tuberculosis (TB) skin test dated 09/26/19.<br><br>Interview with the House Manager on 05/04/21 at 9:45am revealed:<br>-Resident #1 did not have her second TB test completed.<br>-The second TB test was on her list of things to complete but she had not done it.<br>-It was her responsibility to ensure resident TB testing was completed.<br><br>Based on observation, interviews, and record reviews it was determined Resident #1 was not interviewable. | C 202 | | |
| C 342 | 10A NCAC 13G .1004(j) Medication Administration<br><br>10A NCAC 13G .1004 Medication Administration<br>(j) The resident's medication administration record (MAR) shall be accurate and include the following:<br>(1) resident's name;<br>(2) name of the medication or treatment order;<br>(3) strength and dosage or quantity of medication administered;<br>(4) instructions for administering the medication or treatment;<br>(5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident;<br>(6) date and time of administration;<br>(7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and | C 342 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL034015 | A. BUILDING: _____ B. WING _____ | R 05/04/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PARKVIEW FAMILY CARE HOME | 2778 REYNOLDS PARK ROAD WINSTON-SALEM, NC 27107 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 342 | Continued From page 2<br>(8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).<br><br>This Rule is not met as evidenced by:<br>Based on interviews and record reviews, the facility failed to ensure the accuracy of Medication Administration Records (MAR) for 1 of 3 sampled residents (#1) related to documenting administration of a medication for excess fluid and an eye drop medication.<br><br>The findings are:<br><br>Review of Resident #1's current FL2 dated 01/19/21 revealed<br>-Diagnoses included cerebrovascular accident, impaired memory, diabetes mellitus with chronic kidney disease, coronary artery disease, hyperlipidemia and retinopathy (disease of the retina of the eye).<br>-There was an order for furosemide 40mg twice daily (a medication to treat excess fluid).<br>-There was an order for Dorzol/Timol ophthalmic (eye) solution, one drop in the left eye twice daily.<br><br>a. Review of Resident #1's March, April, and May 2021 Medication Administration Records (MAR) revealed:<br>-The MARs were hand-written.<br>-There was no entry for furosemide 40mg twice daily.<br><br>Review of Resident #1's medications available for administration revealed:<br>-There was a prescription bottle labeled furosemide 40mg, 180 tablets, dispensed | C 342 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL034015 | A. BUILDING: _____ B. WING _____ | R 05/04/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PARKVIEW FAMILY CARE HOME | 2778 REYNOLDS PARK ROAD WINSTON-SALEM, NC 27107 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 342 | Continued From page 3<br>03/15/21.<br>-The bottle contained 82 tablets available for administration.<br><br>Telephone interview with a representative with the facility's contracted pharmacy on 05/04/21 at 11:11am revealed:<br>-Resident #1's furosemide 40mg twice daily order was dated 12/15/20.<br>-Furosemide 40mg 180 tablets was dispensed for Resident #1 on 12/15/20 and 03/15/21.<br>-Resident #1's medications were not automatically refilled.<br>-The facility was responsible to call the pharmacy for refills for Resident #1.<br><br>Based on observation, interviews, and record reviews it was determined Resident #1 was not interviewable.<br><br>Interview with the medication aide (MA) on 05/04/21 at 11:49am revealed:<br>-She administered Resident #1's furosemide to her.<br>-She knew the correct way to administer resident medications was to compare the prescription label with the resident's MAR.<br>-She did not know why she did not add the furosemide to Resident #1's MAR.<br><br>Interview with the House Manager (HM) on 05/04/21 at 11:46am revealed:<br>-Both she and the MA were responsible to make sure residents' MARs were accurate.<br>-Resident #1's MARs were handwritten and copied over month to month because the pharmacy Resident #1 used did not print her MARs.<br>-She had administered Resident #1's furosemide to her. | C 342 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL034015 | A. BUILDING: _____ B. WING _____ | R 05/04/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PARKVIEW FAMILY CARE HOME | 2778 REYNOLDS PARK ROAD WINSTON-SALEM, NC 27107 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 342 | Continued From page 4<br>-She did not know why she did not add the medication to the MAR.<br>-Resident #1's furosemide was a documentation error not a medication administration error.<br><br>Refer to telephone interview with the Administrator on 05/04/21 at 2:19pm.<br><br>b. Review of Resident #1's March, April, and May 2021 Medication Administration Records (MAR) revealed:<br>-The MARs were hand-written.<br>-There was no entry for Dorzol/Timol ophthalmic solution, one drop in the left eye twice daily.<br><br>Review of Resident #1's medications available for administration revealed:<br>-There was a bottle of Dorzol/Timol ophthalmic solution, 10ml, dispensed 04/14/21 available for administration.<br>-The bottle had approximately 7ml of medication remaining.<br><br>Telephone with a representative with the facility's contracted pharmacy on 05/04/21 at 11:11am revealed:<br>-Resident #1's Dorzol/Timol ophthalmic solution, one drop in left eye twice daily was dated 12/08/20.<br>-Dorzol/Timol ophthalmic solution, 10ml was dispensed for Resident #1 on 12/08/21, 02/17/21, and 04/14/21.<br>-Resident #1's medications were not automatically refilled.<br>-The facility was responsible to call the pharmacy for refills for Resident #1.<br><br>Based on observation, interviews, and record reviews it was determined Resident #1 was not interviewable. | C 342 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | FCL034015 | A. BUILDING: _____ B. WING _____ | R 05/04/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PARKVIEW FAMILY CARE HOME | 2778 REYNOLDS PARK ROAD WINSTON-SALEM, NC 27107 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| C 342 | Continued From page 5<br><br>Interview with the medication aide (MA) on 05/04/21 at 11:49am revealed:<br>-She administered Resident #1's Dorzol/Timol eye drops to her.<br>-She knew the correct way to administer resident medications was to compare the prescription label with the resident's MAR.<br>-She did not know why she did not add the Dorzol/Timol eye drops to Resident #1's MAR.<br><br>Interview with the House Manager (HM) on 05/04/21 at 11:46am revealed:<br>-Both she and the MA were responsible to make sure residents' MARs were accurate.<br>-Resident #1's MARs were handwritten and copied over month to month because the pharmacy Resident #1 used did not print her MARs.<br>-She had administered Resident #1's Dorzol/Timol eye drops to her.<br>-She did not know why she did not add the medication to the MAR.<br>-Resident #1's Dorzol/Timol medication was a documentation error not a medication administration error.<br><br>Refer to telephone interview with the Administrator on 05/04/21 at 2:19pm.<br>_____<br>Telephone interview with the Administrator on 05/04/21 at 2:19pm revealed:<br>-Resident medications were to be administered according to the MAR.<br>-She and the HM were responsible for monitoring resident MARs and ensuring they were accurate. | C 342 | | |